

|                   |     |
|-------------------|-----|
| INSTRUCTIONS      |     |
| SANTA FE          |     |
| FILE              |     |
| U.S.G.S.          |     |
| LAND OFFICE       |     |
| TRANSPORTER       | OIL |
|                   | GAS |
| OPERATOR          |     |
| PRODUCTION OFFICE |     |
| Operator          |     |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-110  
Effective 1-1-83

RECEIVED  
MAR 09 1984  
OIL CON. DIV.  
DIST. 3

R. C. WYNN

Address Suite 3545; First International Bldg. Dallas, Texas 75270

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

|                 |          |                                |                |                       |
|-----------------|----------|--------------------------------|----------------|-----------------------|
| Lease Name      | Well No. | Pool Name, Including Formation | Kind of Lease  | Lease No.             |
| Federal "R"     | 3        | Chacra                         | Federal        | SF-078476             |
| Location        |          |                                |                |                       |
| Unit Letter     | G        | : 2380 Feet From The           | North Line and | 1380 Feet From The    |
| Line of Section | 15       | Township                       | 27N            | Range                 |
|                 |          |                                | 8W             | NMPM, San Juan County |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                               |                                                                          |      |      |      |                            |      |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------|------|------|----------------------------|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |      |
| Plateau, Inc.                                                                                                 | P.O. Box 489; Bloomfield, N.M. 87413                                     |      |      |      |                            |      |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |      |
| El Paso Natural Gas Company                                                                                   | P.O. Box 990; Farmington, N.M. 87499                                     |      |      |      |                            |      |
| If well produces oil or liquids,<br>give location of tanks.                                                   | Unit                                                                     | Sec. | Twp. | Pge. | Is gas actually connected? | When |
|                                                                                                               |                                                                          |      |      |      | NO                         |      |

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

|                                       |                             |                 |                   |          |        |           |            |             |
|---------------------------------------|-----------------------------|-----------------|-------------------|----------|--------|-----------|------------|-------------|
| Designate Type of Completion - (X)    | Oil Well                    | Gas Well        | New Well          | Workover | Deepen | Plug Back | Same Rest. | Diff. Rest. |
|                                       |                             | X               | X                 |          |        |           |            |             |
| Date Spudded                          | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.          |          |        |           |            |             |
| 2/18/84                               | 2/29/84                     | 3385'           | 3345'             |          |        |           |            |             |
| Elevations (DF, RKB, RT, CR, etc.)    | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth      |          |        |           |            |             |
| 5951'KB                               | Chacra                      | 3037'           | 3052'             |          |        |           |            |             |
| Perforations                          |                             |                 | Depth Casing Shoe |          |        |           |            |             |
| 3037'-3060'; 3066'-3069'; 3074'-3077' |                             |                 | 3378'             |          |        |           |            |             |
| 3093'-3096'; 3216'-3220'; 3233'-3236' |                             |                 |                   |          |        |           |            |             |
| TUBING, CASING, AND CEMENTING RECORD  |                             |                 |                   |          |        |           |            |             |
| HOLE SIZE                             | CASING & TUBING SIZE        | DEPTH SET       | SACKS CEMENT      |          |        |           |            |             |
| 12-1/4"                               | 8-5/8"                      | 277'            | 325 cu. ft.       |          |        |           |            |             |
| 7-7/8"                                | 4-1/2"                      | 3378.55'        | 1426 cu. ft.      |          |        |           |            |             |
|                                       | 1-1/2"                      | 3052'           |                   |          |        |           |            |             |

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)

|                                 |                 |                                               |            |
|---------------------------------|-----------------|-----------------------------------------------|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
|                                 |                 |                                               |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
|                                 |                 |                                               |            |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |
|                                 |                 |                                               |            |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| 3/4"-1434; CMOF-1654             | 3 hrs.                    | -0-                       | -0-                   |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |
| Back Pressure                    | 1000                      | 1000                      | 3/4"                  |

I. CERTIFICATE OF COMPLIANCE:

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

FOR: R. C. WYNN

ORIGINAL SIGNED BY  
EWELL N. WALSH

Ewell N. Walsh, President  
Walsh Engineering & Production Corp.

3/9/84

(Title)

(Date)

OIL CONSERVATION COMMISSION

MAR 15 1984

APPROVED

Original Signed by FRANK T. CHAVEZ

BY

TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devils tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filled for each pool in multiple completed wells.